



ADUR & WORTHING
COUNCILS

Revenues & Benefits

Adur & Worthing Councils
Portland House
44 Richmond Road
Worthing
West Sussex, BN11 1HS
www.adur-worthing.gov.uk

Dear Customer

Council Tax discount guidelines: The severely mentally impaired

The Council Tax, which is paid on a property, is based on the assumption that there are at least two adults living at that property. However, for Council Tax purposes we disregard certain people when we decide how many people are living in a property.

We disregard a person for discount purposes if they are severely mentally impaired and they have a certificate from a medical practitioner who appears on the General Medical Council register. If the person who signs the certificate does not appear on the register then the application will be unsuccessful.

A person is severely mentally impaired if he or she has a 'severe impairment of intelligence and social functioning (however caused) which appears to be permanent'. In other words, a severe problem linked to intelligence that appears to be permanent. Any medical certificate for Council Tax purposes must be based on this definition and not on any other medical view of mental impairment.

The applicant must also be entitled to a state benefit from the qualifying list of benefits shown below, which are listed in the Council Tax (Discount Disregards) Order 1992 (as amended):

- a) Universal Credit. In England and Wales, the "limited capability for work" / "limited capability for work and work-related activity" element **must** be included
- b) Incapacity Benefit or Employment and Support Allowance (ESA)
- c) Attendance Allowance
- d) Severe Disablement Allowance
- e) The care component of Disability Living Allowance paid either at the highest rate or at the middle rate or standard or enhanced rate of daily living component of Personal Independence Payment (PIP) under s 78(3) Welfare Reform Act 2012
- f) An increase in the rate of disability pension to cover constant attendance
- g) Disability Working Allowance
- h) An un-employability supplement
- i) Constant Attendance Allowance paid under the Industrial Injuries or War Pension Scheme
- j) Un-employability Allowance paid under the Industrial Injuries or War Pension Scheme
- k) Income Support if this amount includes a disability premium
- l) If the person has reached pensionable age (as defined in the Social Security Contributions and Benefits Act 1992) and **would** have been entitled to incapacity benefit.

We cannot disregard a person for reasons of severe mental impairment, unless they are receiving one of the benefits listed above. If the severely mentally impaired person is not currently receiving a qualifying benefit, but may be entitled to it, they must make a claim to the local Department for Work & Pensions office.

You should fill in the accompanying application form (together with appropriate evidence of entitlement to a State Benefit above) and the severely mentally impaired person's GP (who must be registered with the General Medical Council) must fill in part B.

The completed forms should be returned to Revenues and Benefits, at the address below.

The Department of Health issued advice about Council Tax discounts for people with severe mental impairment to all general medical practitioners.

Yours sincerely

Paul Tonking
Head of Revenues and Benefits

Local Government Finance Act 1992
Application to be disregarded for Council Tax
for reasons of severe mental impairment

Name of Person to be
disregarded:

Their address:

Their date of birth:

Number of occupiers aged 18 or over
living at the above property:

Part A - Declaration about benefit conditions

Please indicate below which of the conditions, set out on page one of the accompanying letter, entitle the above named person to this exemption. Tick the box as appropriate and enclose evidence of entitlement, such as an award letter.

Please note: until such time that we receive documentary evidence, your application cannot proceed.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a	b	c	d	e	f	g	h	i	j	k	l

DATA PROTECTION

I understand that the data entered on this form will be entered into a database and used to maintain Council Tax and Non-Domestic Rates records, and may also be cross-checked against Housing Benefit records.

If you are completing this form on behalf of the Severely Mentally Impaired applicant, please provide your details as follows:

Your Name:

Your Address:

Contact telephone No:

Email address:

Declaration

I declare that the details stated in this application are true and accurate to the best of my knowledge and belief.

I understand that I must notify the Revenues & Benefits Service immediately about any change in my circumstances that may affect my application for the discount/exemption.

Signed:

Date:

Local Government Finance Act 1992
Application to be disregarded for Council Tax
for reasons of severe mental impairment

Part B - Confirmation by a medical practitioner who appears on the General Medical Council register (if the certificate is signed by someone who does not appear on the GMC register the application will be un-successful).

For the purposes of the Local Government Finance act 1992, a person is Severely Mentally impaired if he or she has a "Severe impairment of intelligence, and social functioning, (however caused) which appears to be permanent".

In other words a severe problem, linked to intelligence that appears to be permanent.

The medical certificate for Council Tax purposes must be based on this definition and not on any other medical view of mental impairment.

In my opinion the following person:
(Please insert name of patient)

- ☐ is not suffering from severe mental impairment
- ☐ has suffered from severe mental impairment since __ / __ / __ for the purposes of the Local Government Finance Act 1992 and continues to do so.

Doctor's signature:

Doctor's full name:

Doctor's status and GMC
reference number

(7 digit reference):

Date:

Doctor's surgery or hospital stamp:

Please ensure all of the above fields are completed, and that a surgery or hospital stamp is provided. Failure to do so may result in this application being rejected.